

Matthais Miller
 Name and Prisoner/Booking Number
M.C.S.P.
 Place of Confinement
P.O. Box 409099
 Mailing Address
Font, CA 95640
 City, State, Zip Code

FILED

Apr 05, 2022

CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF CALIFORNIA

Matthais Miller
 (Full Name of Plaintiff) Plaintiff,
 v.
 (1) M.C.S.P.
 (Full Name of Defendant)
 (2) John Doe Clerk
 (3) c/o Ross
 (4) c/o Johnson
 Defendant(s).
☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22-cv-599-DB (PC)

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: _____

B. DEFENDANTS

1. Name of first Defendant: John Doe. The first Defendant is employed as:
Clinician at M.C.S.P.
(Position and Title) (Institution)
2. Name of second Defendant: M.C.S.P.. The second Defendant is employed as:
Prisoner at M.C.S.P.
(Position and Title) (Institution)
3. Name of third Defendant: C/O Ross. The third Defendant is employed as:
Correctional Officer at M.C.S.P.
(Position and Title) (Institution)
4. Name of fourth Defendant: C/O Johnson. The fourth Defendant is employed as:
Correctional Officer at M.C.S.P.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 8th And
Crus / Universal Periodic Review

2. Claim I. Identify the issue involved. Check only one. State additional issues in separate claims.

- ☒ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☒ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

① I'm around at movie creek on 312 @ 8pm From vacaville 312
 CRUS had du to mental street stress my property was on
 the vas will me. Upon arriving I requested my property
 I requested to see a ct. At arrival and agreed to give
 me some of my cosmetics 14 days start I would receive
 the next day any will Tablet when I did receive
 the Rest of my property I ask the Plan
 officer when happens the start RIA we go on
 to give my property because they were mad
 my mad at my program

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

② I was sent here due to mental stress breakdown. The retaliatory
 acts of R/B has only increased the mental stress and its affects.
 I have not had access to my phone & Address book and some of my family have no idea
 where I am at.

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. This issue has become a emergency mental Health issue

CLAIM II

1. State the constitutional or other federal civil right that was violated: 8th Amend
Deliberate indifference to your Mental Health

2. Claim II. Identify the issue involved. Check only one. State additional issues in separate claims.

- ☐ Basic necessities ☐ Mail ☐ Access to the court ☒ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

see Claim I

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

5. Administrative Remedies.

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
c. Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Emergency Mental Health

CLAIM III

- ~~Harassment & Threats (C/O)~~
1. State the constitutional or other federal civil right that was violated.
2. **Claim III.** Identify the issue involved. Check only one. State additional issues in separate claims.
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input checked="" type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
5. **Administrative Remedies.**
- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Relief to stop - Harassment to stop
Proper mental Health Care
Immediately Give me my property
I declare
any and all other remedies and amounts the Court Deems is Fair.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/5/2022
DATE

[Signature]
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.